

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   | BA       | 170285 |         |
| O.I.P.E. CLASSIFIER |          | 7      | 5-15-98 |
| FORMALITY REVIEW    |          | 69055  | 5-26-98 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date  |
|----------|-------|
| Final    |       |
| Original |       |
| 1        | 9/99  |
| 2        | 3/00  |
| 3        | 11/00 |
| 4        | 04/01 |
| 5        | 10/01 |
| 6        | 10/02 |
| 7        | 5/03  |
| 8        | 10/03 |
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| 24       | ✓     |
| 25       | ✓     |
| 26       | ✓     |
| 27       | ✓     |
| 28       | ✓     |
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| 33       | ✓     |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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